



बीमा विनियामक और विकास प्राधिकरण  
Insurance Regulatory and Development Authority  
**POLICY HOLDER COMPLAINTS REGISTRATION FORM**  
(Separate forms to be used for each complaint)

1. Name of the complainant: \_\_\_\_\_  
2. Address of the complainant: \_\_\_\_\_  
\_\_\_\_\_

3. E-mail/Telephone/Fax: \_\_\_\_\_  
\_\_\_\_\_

4. Whether Individual /Company:  
(Please tick)

Individual  Company/other entities

5. Name of the Insurance company: \_\_\_\_\_

6. Address of the servicing office/branch with office code (if available):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Policy number/Proposal deposit number:

8. Nature of complaint: (Please tick)

Non-life
<b>Policy related</b>
Fire Insurance
Marine Insurance
Motor Insurance
Health Insurance
(a) Against company
(b) Against TPA
Other Misc Insurance
<b>Non-settlement of claim</b>
Fire Insurance
Marine Insurance
Motor Insurance
Health Insurance
(a) Against company
(b) Against TPA
Other Misc Insurance
<b>Repudiation of claim/dispute in quantum</b>
Fire Insurance



बीमा विनियामक और विकास प्राधिकरण  
Insurance Regulatory and Development Authority  
**POLICY HOLDER COMPLAINTS REGISTRATION FORM**  
(Separate forms to be used for each complaint)

Marine Insurance
Motor Insurance
Health Insurance
A) Against Company
B) Against TPA
Other Misc Insurance
Others

9. Claim No: \_\_\_\_\_

10. Details of complaint (including details of document copies attached):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE

(FOR OFFICE-USE)

I. REFERRAL/REPLY INFORMATION:

Referral date (to companies): \_\_\_\_\_

Reply dates (to complainant): \_\_\_\_\_

II. Status: Pending/Closed/Re-opened.

III. Previous Ref No: \_\_\_\_\_

(in case reopened)

IV. Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

V. Complaint disposed of to the satisfaction of complainant: Yes / No

VI. Complaint justified: Yes / No